

Case Number:	CM15-0173748		
Date Assigned:	09/15/2015	Date of Injury:	03/13/2013
Decision Date:	11/06/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	09/03/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 56-year-old male who sustained an industrial injury on 03-13-2013. Current diagnoses include herniated nucleus pulposus at C3-C4, severe left foraminal stenosis at C6-C7, bilateral upper extremity radiculopathy, sprain-strain right elbow, right shoulder rotator cuff tear and proximal tendon tear with subacromial impingement, spinal stenosis with herniated nucleus pulposus at L4-L5, posterior annular tear at L5-S1, left lower extremity radiculopathy, myoligamentous sprain-strain bilateral hips, headaches secondary to industrial injury, status post lumbar decompression and microdiscectomy at L4-L5 and L5-S1 on 07-02-2013, post operative depression, status post right shoulder decompression on 10-30-2014 with residuals, and status post anterior cervical discectomy and fusion at C3-C4 and C4-C5. Report dated 07-24-2015 noted that the injured worker presented with complaints that included constant severe postoperative neck pain with stiffness and clicking, constant severe low back pain with radiation and weakness to the bilateral lower extremities, right shoulder pain, and heartburn. Pain level was 10 (neck) and 8 (low back) out of 10 on a visual analog scale (VAS). Current medications include Norco, Soma, and omeprazole. Physical examination performed on 07-24-2015 revealed a slow gait, decreased cervical range of motion, mild weakness in the upper extremities, and a slight sensory deficit. Previous diagnostic studies include urine drug screenings, CT scan, x-rays, and MRI's. Previous treatments included medications, surgical interventions, and physical therapy. The treatment plan included recommendation for cervical spine post operative physical therapy, refilled medications which included Norco, Soma, omeprazole, and Colace, and recommendation for a soft cervical collar for stability and support. Currently the injured worker

is temporarily totally disabled. Request for authorization dated 07-24-2015, included requests for cervical spine post operative physical therapy, Norco, Soma, omeprazole, Colace, and a soft cervical collar. The utilization review dated 08-10-2015, modified the request for Norco and Soma, and non-certified the request for omeprazole and soft cervical collar.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: Regarding the request for Norco (hydrocodone/acetaminophen), Chronic Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines further specify for discontinuation of opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Norco (hydrocodone/acetaminophen) is not medically necessary.

Soma 350mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: Regarding the request for carisoprodol (Soma), Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Soma specifically is not recommended for more than 2 to 3 weeks. In the case of Soma, a further consideration is the potential for abuse and dependence, as Soma has been shown to be riskier in this regard than some other muscle relaxants. Within the documentation

available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the carisoprodol. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. Given this, the currently requested carisoprodol (Soma) is not medically necessary.

Omeprazole 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Regarding the request for omeprazole (Prilosec), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. In light of the above issues, the currently requested omeprazole (Prilosec) is not medically necessary.

Soft cervical collar: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back, Cervical collar, post operative (fusion).

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, Cervical Collar.

Decision rationale: Regarding the request for a cervical collar, the ACOEM PRACTICE GUIDELINES, Neck and Upper Back Complaints Chapter, page 175 states: "Other miscellaneous therapies have been evaluated and found to be ineffective or minimally effective. For example, cervical collars have not been shown to have any lasting benefit [for neck pain], except for comfort in the first few days of the clinical course in severe cases; in fact, weakness may result from prolonged use and will contribute to debilitation. Immobilization using collars and prolonged periods of rest are generally less effective than having patients maintain their usual, "pre-injury" activities." The Official Disability Guidelines state that cervical collars are not recommended for neck sprains. Patients diagnosed with whiplash-associated disorders and other related acute neck disorders may commence normal pre-injury activities to facilitate recovery. Rest and immobilization using collars are less effective and not recommended for treating whiplash patients. They may be appropriate where postoperative and fracture indications exist. Within the documentation available for review, there is indication that the patient has had recent surgical intervention of the cervical spine in 3/2015 associated with significant post-operative pain. As such, the current request for cervical collar is medically necessary.